

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10664341

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		3				
8		1				
9		2				
10		2				
11		2				
12		1				
13		1				
14		1				
15		1				
16		1				
17		3				
18		1				
19		1				
20		2				
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35		3				
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41		3				
42		3				
43		3				
44		3				
45		3				
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	85					
TOTAL CLAIMS	88					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								